

Comments on the Illinois Navigator Program

The Illinois Chamber of Commerce appreciates the opportunity to provide feedback on Health Management Associate's Final Report on the Illinois Navigator Program Design. As one of the stakeholder groups interviewed for the report, we also appreciated the opportunity to express our views on the potential design of the Illinois Navigator program; views that are reflected in some of HMA's program design recommendations.

As a general comment, the Illinois Chamber believes the Navigator program is a valuable and necessary tool for assisting individuals – particularly insured and underinsured individuals – adapt to the health insurance environment post-2014 and connect consumers with new coverage opportunities that may currently be beyond their reach. HMA's final report puts forward a thorough analysis of the Navigator program and the key decision points Illinois will have to make in its design of the program. The report also provides a strong summary of stakeholder input, including views espoused by the Illinois Chamber during its interview process with HMA.

The Chamber, however, would like to take this opportunity to stress a couple of key points that we articulated in our interview and that we believe are important elements to the overall design of a successful Navigator program.

Navigator Certification and Training

The Illinois Chamber is among those stakeholders that believe strong certification and training standards should be central to the Navigator program. We are sensitive to the fact that the state is operating under a very constricted timeline with regards to developing its program and preparing navigators to be "field-ready" by October 1, 2013. The issues with which navigators will be handling, however, are complex and encompass not only demonstrated knowledge of public and private insurance programs, the new exchange market and qualified health plans, but also abiding by health privacy laws and laws that protect financial privacy. Furthermore, it is important for Navigators to also have some knowledge base in helping consumers connect with health insurance plans that can meet their health needs appropriately, but also access provider services (including a primary healthcare provider) on the back-end that can help them manage their healthcare needs.

HMA's report does indicate that certification and training requirements will need to encompass education on many of the aforementioned issues, including passage of an exam and meeting all continuing education requirements for recertification. The report does, however, downplay the practical experience training component, which we believe is an important component to prepare navigators for the field.

Finally, we believe the support that current producers and their professional associations can offer to assist in the training and certification of navigators should also not be overlooked. We believe that navigators will need to work closely with the producer community moving forward, so it would make sense for the state to explore opportunities to access these partnership opportunities for navigator training and certification.

Role of Producers

While we do not believe the training and certification requirements of navigators should be as extensive as those required of licensed producers, we believe there must be a very clear delineation between the professional roles and responsibilities of certified navigators and that of the licensed producer. HMA's report appears to suggest that navigators can assist individuals in the enrollment of a QHP, which we believe is a responsibility that should be left to a licensed producer or that of the individual themselves. The role of the navigator is to inform individuals of the exchange and their potential to select a QHP that fits their health needs. It is important that the navigator is well-versed in the plan levels offered on the exchange and that this information provide an unbiased analysis of the individuals' options. If the individual requests more tailored advice, this should be handled by a licensed producer not only because they carry the proper training and licensure to offer this advice, but this referral process also protects navigators from exposing themselves to potential liability in the future.

We also believe it will be very important for organizations who apply for navigator grants to develop a clear plan of how their navigators will interact with the producer community to provide a strong understanding of the roles and responsibilities of each group.

Program Model and Administration

The Illinois Chamber supports HMA's recommendation that the Navigator program be limited to the individual market initially. In our interview with HMA, we suggested that many small employers who offer employer-sponsored coverage tend to rely on the guidance of their agent/broker when it comes to their benefit options and the selection of their small group plans. We do not see this relationship changing post-2014, as many small employers, even those that may purchase small group coverage on the SHOP exchange, will continue to rely on the advice of their personal agent/broker. Given that there will likely be limited resources available to support the Navigator program, it is imperative that these resources be focused on navigators that can penetrate the uninsured and underinsured populations first.

The Illinois Chamber also agrees with the recommendation that oversight of the Navigator program be handled by the Department of Insurance (DOI) until the state can establish a state-level exchange to assume management of the program.

Navigator Selection and Compensation

The Illinois Chamber agrees with HMA's recommendation that navigators be selected on an organization and not an individual-basis. We also agree that the state should expand on its needs assessment to better target the structure of its grant program in order to ensure funds are targeted to support outreach efforts in areas and populations that have higher uninsured rates.

The HMA report does, however, seem to confuse the process by which navigator organizations would be selected, referencing both procurement selection and grant selection. The Illinois Chamber suggests that the Navigator program operate by way of a grant selection process as opposed to a procurement process, which could prove exceptionally cumbersome, especially to those community-based organizations unfamiliar with that type of selection process.

The Illinois Chamber also agrees with HMA's recommendation that navigator compensation be based on a block grant structure with potential for a performance-based add-on payment. We believe the performance-based component is

important to ensuring the program is accountable and performing the way it was intended; however, we want to stress that any performance considerations based on enrollment should be clear that successful QHP enrollment, whether it is by the individual consumer or through a referral to an agent/broker, should be an uninsured individual who is otherwise ineligible for Medicaid, but is eligible for a premium tax credit. The Illinois Chamber also believes that the consumer experience is also a strong assessment tool of navigator performance, whether it is gained through consumer satisfaction surveys or "secret shoppers."

Navigator outreach and reduction in the ranks of the uninsured is an important performance-based goal, but we believe there is also opportunity to foster navigator follow-up of QHP enrollees to ensure they are connecting their coverage with appropriate services, including securing a primary care physician and accessing services that meet their healthcare needs. The report references the need to implement a well-designed Navigator program in order to achieve the federal vision of a "culture of coverage," but we would counter that there also has to be a "culture of health" that builds a stronger connection between accessing coverage and accessing appropriate services in order for the vision of health reform to succeed. The Chamber is in no way suggesting navigators assume responsibilities held by the insurer, providers, or producers, but the navigator could assist other stakeholders help individuals- many of whom may have never had or have had very limited experience with health insurance and health services beyond prompt or emergency care- connect their coverage to healthcare services.

Program Funding

The Illinois Chamber does not have an official position on how the navigator program should be funded over the long-term, but we will continue to be involved in the dialogue on this issue as part of the larger, ongoing discussion about the establishment of the Illinois Health Benefits Exchange and financing mechanisms that support long-term sustainability of that exchange. We would note, however, that the state should give serious consideration to non-traditional funding sources, including marketing revenues from advertisements sold on the exchange. We would also note that short-term funding needs of the Navigator program are likely to be greater than long-term needs, for if the program is truly successful, the uninsured and underinsured populations will have significantly decreased over time.

Finally, as the state prepares to file its application for a Partnership Exchange in 2014, the sooner policymakers can provide clarity around the relationship the federal government will have with the state with respect to its consumer assistance functions, namely the Navigator program, in terms of who handles the funding/compensation, training and certification components, the better.

Conclusion

The Illinois Chamber has every confidence that a well-designed Navigator program complete with strong training and certification requirements, performance-based standards and a clear relationship with the producer community will be successful in achieving the goals set forth by the Affordable Care Act. The education and consumer outreach components of the law are tremendous and will also require a great deal of collaboration between state policymakers and stakeholders above and beyond those that become navigators.

We do appreciate the opportunity to participate in the dialogue around the Navigator program and would ask that we continue to be utilized as a resource throughout the health reform implementation process.